

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BB	70385	
O.I.P.E. CLASSIFIER	9	21	6/22/00
FORMALITY REVIEW		71531	8-18-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected. N
 Allowed. I
 Canceled. A
 Restricted. O
 (Through numeral)

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	1	1	7/26/01
2	2	2	8/12/01
3	3	3	8/12/01
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If more than 150 claims or 10 actions
staple additional sheet here

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